

2011 ROSTER
(PLEASE INCLUDE MEMBERS E-MAIL)

COUNTY LOCAL EMERGENCY PLANNING COMMITTEE

Address: _____

Email: _____

Chairperson: _____

Information Coordinator: _____

Planning Coordinator: _____

Community Emergency Coordinator: _____

Document Location (Tier II): _____

Telephone/Fax Numbers:
24-hour Emergency: _____
Administrative Number: _____
Alternate _____
Fax _____

Representatives:

A. Local/State Gov't

G. Environmental

B. Law Enforcement

H. Transportation

C. Emergency Management

I. Broadcast/Print Media

D. Fire Fighting

J. Industry

E. Emergency Medical Services

K. Community Groups

F. Health

L. Hospital

Completed by: _____

(Name and title)

(Date)

Completed by: _____
(Name and title)

(Date)